



LBWDB

1306 Regglo Aisle, Irvine, CA 92606
Off (562) 307-0823 — Fax (714) 505-5883

EMPLOYMENT APPLICATION

Answer all questions completely in your handwriting in ink. We are an Equal Opportunity Employer. No question on this application is intended to be discriminatory under any applicable Federal, State or Local Fair Employment Practices Law.

I. PERSONAL INFORMATION

Last Name		First	Middle	Date
Street Address				Home Phone ()
City		State	Zip	Birth Date
Have you ever been involuntarily terminated or requested to resign? <input type="checkbox"/> Yes <input type="checkbox"/> No		If hired, can you provide verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Social Security Number
If you are under age 18, do you have a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No		If required for the position, do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		If hired, would you have reliable transportation to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever worked under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Name:		Do you have friends or relatives working for our company? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" Name and relationship:		
Emergency Contact Name:				Phone ()
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No (convictions will not necessarily disqualify you for the position)		If "Yes" list offense, Date and Disposition of the Case		

II. EMPLOYMENT INTERESTS

Position Desired		Date Available	Salary Desired	Would you be willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Employment Desired Regular <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Part-Time <input type="checkbox"/>		Days and hours available for work		
How were you referred to our company? <input type="checkbox"/> Agency (Name) _____ <input type="checkbox"/> Ad (where) _____ <input type="checkbox"/> Employee Referral (Name) _____ <input type="checkbox"/> Other (Please specify) _____ <input type="checkbox"/> Walk-in _____				

III. EDUCATION INFORMATION

School Level	Name and Location of School	Course of Study	Circle last grade completed	Did you graduate? <input type="checkbox"/> Y <input type="checkbox"/> N	Degree or Diploma
High School			1 2 3 4	<input type="checkbox"/> Y <input type="checkbox"/> N	
College/University			1 2 3 4	<input type="checkbox"/> Y <input type="checkbox"/> N	
Post Graduate			1 2 3 4	<input type="checkbox"/> Y <input type="checkbox"/> N	
Business/Trade Technical			1 2 3 4	<input type="checkbox"/> Y <input type="checkbox"/> N	

IV. SKILLS - If Applicable for Position for Which You Are Applying

Driver License #	Have you been certified to drive a forklift? <input type="checkbox"/> Yes <input type="checkbox"/> No	If answer is YES, list training company or person and certified number.
Foreign Languages (indicate proficiency to speak, read and write)		
List maintenance machines you operate:		

Have you had any experience in the set-up or breaking-down of the following:

☐ Staging ☐ Tables and Chairs ☐ Risers ☐ Ice Floor ☐ Basketball Floors ☐ Misc. (Please list)

Do you have any experience, training, qualifications or skills which you think make you especially suited for work at this company? (Explain)

V. EMPLOYMENT INFORMATION (Start with Current or Most Recent Employer)

1. Company Name		Phone ()		From Mo./Yr.	To Mo./Yr.
Street Address	City	State	Zip	Starting Pay \$	Ending Pay \$
Job Title	Duties			Reason for leaving	
Supervisor Name				May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Company Name		Phone ()		From Mo./Yr.	To Mo./Yr.
Street Address	City	State	Zip	Starting Pay \$	Ending Pay \$
Job Title	Duties			Reason for leaving	
Supervisor Name				May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

VI. MEDICAL INFORMATION

Have you ever been injured on the job? <input type="checkbox"/> Yes <input type="checkbox"/> No (If YES, please list below)	Have you ever received Workman Compensation Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No (If YES, please list below)	Do you have any medical problems that would limit your work duties? <input type="checkbox"/> Yes <input type="checkbox"/> No (If YES, please list below)
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Please List:

VII. ACKNOWLEDGMENT

Please read carefully, initial each paragraph, and sign below

Initial	I authorize any person, school, current employer (except as expressly noted), past employer(s), and organizations named in this application form (and accompanying resume or other documentation, if any) to provide the Company with relevant information and opinion, personal or otherwise, that may be useful in making a hiring decision. I release all parties from all liability for any damage that may result from furnishing information and opinion to you.
Initial	In consideration of employment, I agree to obey the rules and standards of the Company. I understand that nothing contained in this application or in the interview process is intended to create a contract between the Company and myself for either employment or for the providing of any benefits. I agree that my employment is at-will and the terms of employment may be changed with or without cause, with or without notice, including but not limited to termination, demotion, promotion, transfer, compensation, benefits, duties and location of work, at any time, for any reason, at the option of myself or the Company. This constitutes my entire agreement with the Company with regard to the length of my employment.
Initial	I understand that as a condition of employment I may be required to take a post-offer/pre-employment physical examination which may include an alcohol and drug test. I further understand that at any time during my employment, I may be required to take a physical examination which may include an alcohol and drug test if management reasonably suspects a condition exists that will prevent me from performing my job in a manner that does not endanger my own health or the safety and health of others. I authorize all providers of health care who examine me to disclose to the Company or its agents, all medical information revealed during such examinations. I further authorize the Company to disclose such information to any other persons, if at any time my medical condition is put at issue in any proceeding by myself or others. In the event that I have a disability which will affect my ability to take the test, I will so inform the Company so that a reasonable accommodation can be made. The Company reserves the right to require medical documentation concerning the need for accommodation.
Initial	I understand that all offers of employment are conditioned upon my providing satisfactory documentary proof of my identity and legal right to live and work in the United States.
Initial	I hereby acknowledge that I have read the above statements and understand them. I certify that I, the undersigned applicant, have personally completed this application. I declare under penalty of perjury that the facts contained in the application (or any resume or other documents submitted) are true and complete to the best of my knowledge. I understand that any misrepresentations or omissions will disqualify me from further consideration for employment, and will be justification for my dismissal from employment, if discovered at a later date.

Applicant Signature:

Date:

INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1 - Employee. All employees, citizens noncitizens, hired after November 6, 1986, must complete Section 1 of this form at the time of hire, which is the actual beginning of employment. **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Preparer/Translator Certification. The Preparer/Translator Certification must be completed if Section 1 is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete Section 1 on his/her own. However, the employee must still sign Section 1 personally.

Section 2 - Employer. For the purpose of completing this form, the term "employer" includes those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors.

Employers must complete Section 2 by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, Section 2 must be completed at the time employment begins. **Employers must record:** 1) document title; 2) issuing authority; 3) document number, 4) expiration date, if any; and 5) the date employment begins. Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the I-9. **However, employers are still responsible for completing the I-9.**

Section 3 - Updating and Reverification. Employers must complete Section 3 when updating and/or reverifying the I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in Section 1. Employers **CANNOT** specify which document(s) they will accept from an employee.

- If an employee's name has changed at the time this form is being updated/ reverified, complete Block A.
- If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.

- If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B and:
 - examine any document that reflects that the employee is authorized to work in the U.S. (see List A or C),
 - record the document title, document number and expiration date (if any) in Block C, and
 - complete the signature block.

Photocopying and Retaining Form I-9. A blank I-9 may be reproduced provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed I-9s for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

For more detailed information, you may refer to the INS Handbook for Employers, (Form M-274). You may obtain the handbook at your local INS office.

Privacy Act Notice. The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 U.S.C. 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by officials of the U.S. Immigration and Naturalization Service, the Department of Labor, and the Office of Special Counsel for Immigration Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Reporting Burden. We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: 1) learning about this form, 5 minutes; 2) completing the form, 5 minutes; and 3) assembling and filing (recordkeeping) the form, 5 minutes, for an average of 15 minutes per response. If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to both the Immigration and Naturalization Service, 425 I Street, N.W., Room 5304, Washington, D. C. 20536; and the Office of Management and Budget, Paperwork Reduction Project, OMB No. 1115-0136, Washington, D.C. 20503.

U.S. Department of Justice
Immigration and Naturalization Service

OMB No. 1115-0136
Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE.** It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.


Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.		I attest, under penalty of perjury, that I am (check one of the following): A citizen or national of the United States A Lawful Permanent Resident (Alien # A _____) An alien authorized to work until ____/____/____ (Alien # or Admission # _____)	
Employee's Signature			Date (month/day/year)

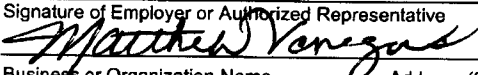
Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification. To be completed and signed by employer. **Examine one document from List A OR examine one document from List B and one from List C** as listed on the reverse of this form and record the title, number and expiration date, if any, of the document(s)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): ____/____/____		____/____/____		____/____/____
Document #: _____		_____		_____
Expiration Date (if any): ____/____/____				

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) ____/____/____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment).

Signature of Employer or Authorized Representative 	Print Name Matthew Venegas	Title President
Business or Organization Name Event People for You.com, Inc.	Address (Street Name and Number, City, State, Zip Code) 1306 Reggio Aisle Irvine	
		Date (month/day/year)

Section 3. Updating and Reverification. To be completed and signed by employer

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)			
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.				
Document	Title: _____	Document #	Expiration Date	(if any): ____/____/____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
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LISTS OF ACCEPTABLE DOCUMENTS

LIST A		LIST B		LIST C
Documents that Establish Both Identity and Employment Eligibility	OR	Documents that Establish Identity	AND	Documents that Establish Employment Eligibility
1. U.S. Passport (unexpired or expired)		1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address		1. U.S. social security card issued by the Social Security Administration (<i>other than a card stating it is not valid for employment</i>)
2. Certificate of U.S. Citizenship (<i>INS Form N-560 or N-561</i>)		2. ID card issued by federal, state, or local government agencies or entities provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address		2. Certification of Birth Abroad issued by the Department of State (<i>Form FS-545 or Form DS-1350</i>)
3. Certificate of Naturalization (<i>INS Form N-550 or N-570</i>)		3. School ID card with a photograph		3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. Unexpired foreign passport, with <i>I-551</i> stamp or attached <i>INS Form I-94</i> indicating unexpired employment authorization		4. Voter's registration card		4. Native American tribal document
5. Alien Registration Receipt Card with photograph (<i>INS Form I-151 or I-551</i>)		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (<i>INS Form I-197</i>)
6. Unexpired Temporary Resident Card (<i>INS Form I-688</i>)		6. Military dependent's ID card		6. ID Card for use of Resident Citizen in the United States (<i>INS Form I-179</i>)
7. Unexpired Employment Authorization Card (<i>INS Form I-688A</i>)		7. U.S. Coast Guard Merchant Mariner Card		7. Unexpired employment authorization document issued by the INS (<i>other than those listed under List A</i>)
8. Unexpired Reentry Permit (<i>INS Form I-327</i>)		8. Native American tribal document		
9. Unexpired Refugee Travel Document (<i>INS Form I-571</i>)		9. Driver's license issued by a Canadian government authority		
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (<i>INS Form I-688B</i>)		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

Form W-4 (2004)

Purpose. Complete Form W-4 so that your employer can withhold the correct Federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2004 expires February 16, 2005. See Pub. 505, Tax Withholding and Estimated Tax.

Note: You cannot claim exemption from withholding if: (a) your income exceeds \$800 and includes more than \$250 of unearned income (e.g., interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized

deductions, certain credits, adjustments to income, or two-earner/two-job situations. Complete all worksheets that apply. **However, you may claim fewer (or zero) allowances.**

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See line E below.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding? for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using

Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax.

Two earners/two jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others.

Nonresident alien. If you are a nonresident alien, see the **Instructions for Form 8233** before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2004. See Pub. 919, especially if your earnings exceed \$125,000 (Single) or \$175,000 (Married).

Recent name change? If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 to initiate a name change and obtain a social security card showing your correct name.

Personal Allowances Worksheet (Keep for your records.)

- A Enter "1" for **yourself** if no one else can claim you as a dependent **A** _____
- B Enter "1" if:
 • You are single and have only one job; or
 • You are married, have only one job, and your spouse does not work; or
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less. **B** _____
- C Enter "1" for your **spouse**. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) **C** _____
- D Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return **D** _____
- E Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) **E** _____
- F Enter "1" if you have at least \$1,500 of **child or dependent care expenses** for which you plan to claim a credit **F** _____
- (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)
- G **Child Tax Credit** (including additional child tax credit):
 • If your total income will be less than \$52,000 (\$77,000 if married), enter "2" for each eligible child.
 • If your total income will be between \$52,000 and \$84,000 (\$77,000 and \$119,000 if married), enter "1" for each eligible child plus "1" **additional** if you have four or more eligible children. **G** _____
- H Add lines A through G and enter total here. Note: This may be different from the number of exemptions you claim on your tax return. **H** _____
- For accuracy, complete all worksheets that apply.
 • If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
 • If you have **more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$35,000 (\$25,000 if married) see the **Two-Earner/Two-Job Worksheet** on page 2 to avoid having too little tax withheld.
 • If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4		Employee's Withholding Allowance Certificate		OMB No. 1545-0010
Department of the Treasury Internal Revenue Service		▶ Your employer must send a copy of this form to the IRS if: (a) you claim more than 10 allowances or (b) you claim "Exempt" and your wages are normally more than \$200 per week.		2004
1 Type or print your first name and middle initial		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a new card. <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5		6 \$
6 Additional amount, if any, you want withheld from each paycheck		6		
7 I claim exemption from withholding for 2004, and I certify that I meet both of the following conditions for exemption: • Last year I had a right to a refund of all Federal income tax withheld because I had no tax liability and • This year I expect a refund of all Federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here		7		
Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.				
Employee's signature (Form is not valid unless you sign it.) ▶				
Date ▶				
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)
Event People for You.com, Inc. 1306 Reggio Aisle Irvine, CA 92606				20 1079381

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 10220Q

Form **W-4** (2004)

Deductions and Adjustments Worksheet

Note: Use this worksheet **only** if you plan to itemize deductions, claim certain credits, or claim adjustments to income on your 2004 tax return.

- 1 Enter an estimate of your 2004 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2004, you may have to reduce your itemized deductions if your income is over \$142,700 (\$71,350 if married filing separately). See **Worksheet 3** in Pub. 919 for details.) 1 \$
- 2 Enter: $\left\{ \begin{array}{l} \$9,700 \text{ if married filing jointly or qualifying widow(er)} \\ \$7,150 \text{ if head of household} \\ \$4,850 \text{ if single} \\ \$4,850 \text{ if married filing separately} \end{array} \right.$ 2 \$
- 3 Subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-". 3 \$
- 4 Enter an estimate of your 2004 adjustments to income, including alimony, deductible IRA contributions, and student loan interest 4 \$
- 5 Add lines 3 and 4 and enter the total. (Include any amount for credits from **Worksheet 7** in Pub. 919) 5 \$
- 6 Enter an estimate of your 2004 nonwage income (such as dividends or interest) 6 \$
- 7 Subtract line 6 from line 5. Enter the result, but not less than "-0-". 7 \$
- 8 Divide the amount on line 7 by \$3,000 and enter the result here. Drop any fraction 8
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9
- 10 Add lines 8 and 9 and enter the total here. If you plan to use the **Two-Earner/Two-Job Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 10

Two-Earner/Two-Job Worksheet (See **Two earners/two jobs** on page 1.)

Note: Use this worksheet **only** if the instructions under line H on page 1 direct you here.

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1
- 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here 2
- 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet. 3

Note: If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4-9 below to calculate the additional withholding amount necessary to avoid a year-end tax bill.

- 4 Enter the number from line 2 of this worksheet 4
- 5 Enter the number from line 1 of this worksheet 5
- 6 Subtract line 5 from line 4 6
- 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$
- 8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$
- 9 Divide line 8 by the number of pay periods remaining in 2004. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2003. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$

Table 1: Two-Earner/Two-Job Worksheet

Married Filing Jointly			Married Filing Jointly			All Others	
If wages from HIGHEST paying job are—	AND, wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	AND, wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above
\$0 - \$40,000	\$0 - \$4,000 4,001 - 8,000 8,001 - 17,000 17,001 and over	0 1 2 3	\$40,001 and over	31,001 - 38,000 38,001 - 44,000 44,001 - 50,000 50,001 - 55,000 55,001 - 65,000 65,001 - 75,000 75,001 - 85,000 85,001 - 100,000 100,001 - 115,000 115,001 and over	6 7 8 9 10 11 12 13 14 15	\$0 - \$6,000 6,001 - 11,000 11,001 - 18,000 18,001 - 25,000 25,001 - 31,000 31,001 - 44,000 44,001 - 55,000 55,001 - 70,000 70,001 - 80,000 80,001 - 100,000 100,001 and over	0 1 2 3 4 5 6 7 8 9 10

Table 2: Two-Earner/Two-Job Worksheet

Married Filing Jointly		All Others	
If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$60,000	\$470	\$0 - \$30,000	\$470
60,001 - 110,000	780	30,001 - 70,000	780
110,001 - 150,000	870	70,001 - 140,000	870
150,001 - 270,000	1,020	140,001 - 320,000	1,020
270,001 and over	1,090	320,001 and over	1,090

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may also subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, and the District of Columbia for use in administering their tax laws, and using it in the National Directory of New Hires. We may also disclose this information to Federal and state agencies to enforce Federal nontax criminal laws and to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB

control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The time needed to complete this form will vary depending on individual circumstances. The estimated average time is: **Recordkeeping**, 46 min.; **Learning about the law or the form**, 13 min.; **Preparing the form**, 59 min. If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Tax Products Coordinating Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001. **Do not** send Form W-4 to this address. Instead, give it to your employer.



EQUAL EMPLOYMENT OPPORTUNITY DATA

Completion of this form is entirely voluntary, and all information will remain confidential and will not affect your application for employment. We are required by law to collect this information for equal opportunity employment purposes, and it will not become part of your personnel record if you are hired by this company.

Name: _____

Sex:

☐ Male ☐ Female

Race/Ethnicity:

☐ American Indian/Alaskan Native

☐ Asian/Pacific Islander

☐ Black

☐ Hispanic

☐ White

Government contractors must take affirmative action to employ and advance certain qualified individuals subject to the Rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Act of 1974. Completion of the following information is voluntary, and will assist us in proper placement and reasonable accommodation. If you wish to be identified as qualifying for such placement or accommodation, please check where applicable.

☐ Vietnam Era Veteran

☐ Disabled Veteran

☐ Individual with a Disability

EMPLOYER USE ONLY

EEO-1 Category:

- ☐ 1. Officials and managers
- ☐ 2. Professionals
- ☐ 3. Technicians
- ☐ 4. Sales
- ☐ 5. Office and clerical

- ☐ 6. Crafts - skilled
- ☒ 7. Operatives - semi-skilled
- ☒ 8. Laborers - unskilled
- ☐ 9. Service workers

Employer Information Completed by:

X *Matthew Venegas*

Date:

**PAYROLL CARD
DIRECT DEPOSIT AGREEMENT**

FIRST REGIONAL BANK
1801 CENTURY PARK EAST #800
LOS ANGELES, CA 90067

ABA ROUTING NUMBER	122037760
PAY CARD ACCOUNT NUMBER	_____
CARDHOLDER NAME	_____
SOCIAL SECURITY NUMBER	____ - ____ - ____

PLEASE COMPLETE THIS PORTION AND RETURN IT TO YOUR COMPANY.

I AUTHORIZE _____ TO INITIATE CREDIT ENTRIES AND, IF NECESSARY, TO INITIATE ANY ACTIONS TO REVERSE OR CORRECT AN ERRONEOUS CREDIT ENTRY TO MY PAY CARD ACCOUNT AT FIRST REGIONAL BANK, FOR THE PURPOSE OF AUTOMATICALLY DEPOSITING FUNDS INTO MY ACCOUNT.

I UNDERSTAND THAT THIS AUTHORIZATION REPLACES ANY PREVIOUS AUTHORIZATION AND WILL REMAIN IN FULL FORCE AND EFFECT UNTIL THE AFOREMENTIONED COMPANY HAS RECEIVED WRITTEN NOTIFICATION FROM ME OF ITS TERMINATION IN SUCH TIME AND IN SUCH MANNER AS TO AFFORD THE AFOREMENTIONED COMPANY AND FIRST REGIONAL BANK A REASONABLE OPPORTUNITY TO ACT ON IT.

SIGNATURE _____

DATE ____/____/____

CONGRATULATIONS!

**YOU'VE JUST RECEIVED YOUR
NEW PAY CARD!**

ABA ROUTING NUMBER

122037760

PAY CARD ACCOUNT NUMBER

CREDIT ACCOUNT NUMBER

771081541

FOR CUSTOMER SERVICE

PLEASE DIAL 1-866-395-9200

PLEASE RETAIN THIS PORTION FOR YOUR PERSONAL RECORDS.

COMPANY _____	BRANCH _____
PAY CARD ACCOUNT NUMBER _____	
CARDHOLDER NAME _____	
BIRTH DATE ____/____/____	
SOCIAL SECURITY NUMBER ____/____/____	
MOTHERS MAIDEN NAME _____	
SIGNATURE _____	

ADDRESS _____		
CITY _____	STATE _____	ZIP _____

EMAIL ADDRESS _____
TELEPHONE NUMBER (____) _____ - _____

PLEASE FAX OR MAIL THIS PORTION TO GLOBAL CASH CARDSM AT (760) 476-9209 OR
1808 ASTON AVENUE, SUITE 210, CARLSBAD, CA, USA 92008

PLEASE REMEMBER YOUR PIN (PERSONAL IDENTIFICATION NUMBER).

☐ YES, I WOULD LIKE TO BE ABLE TO TRANSFER (ACH/DIRECT DEPOSIT) FROM MY GLOBAL CASH CARDSM TO MY HOMETOWN BANK. (IF YES, PLEASE ATTACH A VOIDED CHECK).

☐ YES, I WOULD LIKE AN ADDITIONAL CARD. (IF YES, THE ADDITIONAL CARD WILL BE SENT TO THE ADDRESS YOU LIST ON THIS FORM).

☐ ENCLOSED IS PAYMENT OF \$9.95.

☐ PLEASE DEDUCT \$9.95 FROM MY GLOBAL CASH CARD.

AUTHORIZED SIGNATURES AND AGREEMENT:

BY SIGNING ABOVE, I REQUEST THE ISSUANCE AND ACTVATION OF THE GLOBAL CASH CARDSM(S). I ACKNOWLEDGE THAT BY SIGNING THIS AGREEMENT, ANY EXISTING IDENTICAL CAPTIONED ACCOUNTS WITH FIRST REGIONAL BANK ARE HEREBY AUTHORIZED TO BE CLOSED AND ANY REMAINING BALANCE TRANSFERRED TO THE NEW ACCOUNT LISTED ABOVE. I AGREE TO BE BOUND BY THE ACCOUNT TERMS AND CONDITIONS. BY RETAINING OR USING THE CARD, I CONSENT TO THE TERMS OF THE AGREEMENT. I MAY CANCEL THE AGREEMENT BY SURRENDERING AND RETURNING THE CARD. CANCELLATION WILL BE EFFECTIVE WHEN THE CARD IS RECEIVED BY GLOBAL CASH CARDSM.

**LA TARJETA DE SU DEPOSITO DIRECTO DE SUELDO
EL ACUERDO DIRECTO DE DEPOSITO**

FIRST REGIONAL BANK
1801 CENTURY PARK EAST #800
LOS ANGELES, CA 90067

EL NUMERO DE DIRIGIR DE ABA	122037760
NUMERO DE CUENTA DE PAYCARD	_____
NOMBRE DEL CLIENTE	_____
NUMERO DEL SEGURO SOCIAL	_____ - _____ - _____

POR FAVOR DE LLENAR ESTA PORCION Y DEVUELVA A SU COMPANIA.

AUTORIZO _____ INICIAR LAS ENTRADAS DEL CREDITO Y, SI NECESARIO, PARA INICIAR CUALQUIER ACCION PARA INVERTIR O CORREGIR UNA ENTRADA ERRONEA DEL CREDITO A MI GLOBAL CASH CARDSM RL BANCO PRIMERO REGIONAL PARA EL PROPOSITO DE FONDOS AUTOMATICAMENTE DEPOSITANDO EN MI CUENTA.

ENTIENDO QUE ESTA AUTORIZACION REEMPLAZA TODAS AUTORIZACIONES PERMANECERA EN LA FUERZA EL EFECTO REPLETOS HASTA QUE LA COMPANIA REFERIDA HABRA RECIBIDO LA NOTIFICACION ESCRITA DE MI DE SU TERMINACION EN TAL TIEMPO Y EN TAL MANERA DE PROPORCIONAR COMO LA COMPANIA REFERIDA Y EL BANCO PRIMERO REGIONAL TENGA LA OPORTUNIDAD RAZONABLE PARA SEGUIR CON EL CAMBIO.

FIRMA _____

FECHA ____/____/____

FELICIDADES!

**USTED ACABA DE RECIBIR SU
NUEVA TARJETA DE PAYCARD!**

EL NUMERO DE DIRIGIR DE ABA

122037760

EL NUMERO TO DE SU TARJETA PAY CASH

EL NUMERO DE CUENTA DE CREDITO

771081541

PARA EL SERVICIO AL CLIENTE

POR FAVOR DE MARCAR EL 1-866-395-9200

RETENGA POR FAVOR ESTA PORCION PARA SUS REGISTROS PERSONALES.

COMPANIA _____	DEPARTAMENTO _____
NUMERO DE CUENTA DE PAYCARD _____	
NOMBRE DEL CLIENTE _____	
FECHA DE NACIMIENTO	____/____/____
NUMERO DEL SEGURO SOCIAL	____/____/____
APELLIDO MATERNO _____	
FIRMA _____	

DIRECCION _____		
CIUDAD _____	ESTADO _____	CODIGO POSTAL _____

CORREO ELECTRONICO _____
NUMERO TELEFONICO (____) _____ - _____

POR FAVOR FAX O ENVIA ESTA PORCION A GLOBAL CASH CARDSM AL (760) 476-9209 OR
1808 ASTON AVENUE, SUITE 210, CARLSBAD, CA, USA 92008

**RECUERDE POR FAVOR SU NUMERO DE PIN.
(EL NUMERO PERSONAL DE IDENTIFICATION).**

☐ SI, APRECIARIA SER CAPAZ DE TRANSFERIR (ACH/DIRIGE EL DEPOSITO) DE MI GLOBAL CASH CARDSM A MI BANCO PERSONALE. (POR FAVOR DE INCLUIR UN CHEQUE VACIO EN BLANCO).

☐ SI, APRECIARIA UNA TARJETA ADICIONAL. (LA TARJETA ADICIONAL SERA MANDADA AL LA DIRECCION QUE USTE LISTE EN ESTA FORMA). CARGUE POR FAVOR MI TARJETA GLOBAL DE CAMBIO \$9.95.

☐ INCLUIDO ES MI PAGO DE \$9.95

☐ POR FAVOR DESCUENTE \$9.95 DE MI TARJETA DE GLOBAL CASH CARD.

LAS FIRMAS Y EL ACUERDO AUTORIZADOS:

FIRMANDO ARRIBA, YO SOLICITO LA EMISION Y LA ACTIVACION DE LA TARJETA(S) GLOBAL CASH CARDSM Y RECONOZCO QUE AL FIRMAR ESTE DOCUMENTO YO ESTOY DE ACUERDO, DE QUE CUALQUIER CUENTA(S) QUE EXISTEN CON FIRST REGIONAL BANK A MI NOMBRE, TIENE MI AUTORIZACION PARA CERRAR LA CUENTA Y QUE SI ALGUN BALANCE QUEDA QUE SEA TRANSFERIDO A MI NUEVA CUENTA DE GLOBAL CASH CARDSM MENCIONADA ARRIBA. CONCUERDO EN SER SALTA POR LOS TERMINOS DE CUENTA Y CONDICIONES. ENTIENDO QUE AL USAR LA TARJETA, YO CONSIENTO A LOS TERMINOS DEL ACUERDO. PUEDO CANCELAR EL ACUERDO RINDIENDO Y DE VOLVIENDO LA TARJETA. LA CANCELACION SERA EFECTIVA CUANDO LA TARJETA SEA RECIBIDA POR GLOBAL CASH CARDSM.



Global Cash CardSM

APPLICATION

FIRST NAME

LAST NAME

ADDRESS

CITY

STATE

ZIP CODE

EMAIL ADDRESS

TELEPHONE

DATE OF BIRTH

MOTHERS MAIDEN NAME

EMPLOYER

REFERRED BY

SIGNATURE

Tear Here

Please attach payment in the amount of \$5.95 for the card and the amount to load on to the card (Minimum - \$25.00, Maximum - \$5000.00). Mail to Global Cash CardSM at 1808 Aston Avenue, Suite 210, Carlsbad, CA 92008.

How did you learn about Global Cash CardSM?

Radio ☐ TV ☐ Friend ☐ School ☐ Other ☐ _____